

BP-A622_RADIOLOGIC CONSULTATION REQUEST / REPORT

RADIOLOGIC CONSULTATION REQUEST / REPORT

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

Patient Identification (Name, Reg. Number, Institution)	Age Sex	Examination Requested
	Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit
	Requested by	Date Requested

Specific reason (s) for request (Complaints and findings)

Date of Examination	Date of Report
Date of Transcription	Film #

Radiologic Report

Signature	Location of Radiologic Facility
-----------	---------------------------------

Original - Medical Record; Copy - Physician; Copy - Radiology